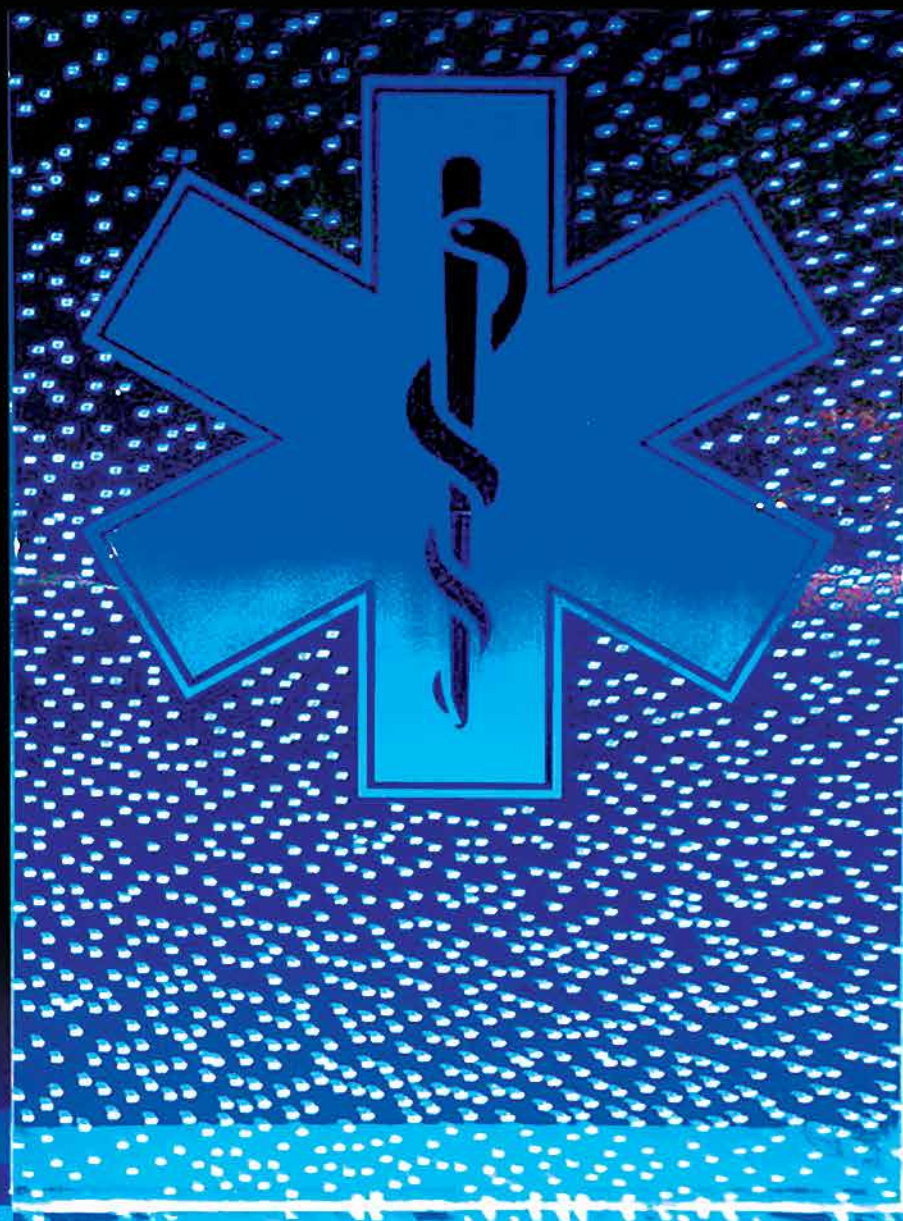


# MAINE EMS

## DEDICATED. FOR LIFE.



### EMS WEEK 2014 • MAY 18-24

NATIONAL  
EMS WEEK  
**40<sup>th</sup>**  
ANNIVERSARY  
1974 - 2014





PAUL R. LE PAGE  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
152 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333



JOHN E. MORRIS  
COMMISSIONER

JAY BRADSHAW  
DIRECTOR

May 18-24, 2014, marks the 40th anniversary of National EMS Week – and in this insert, we are happy to share with you articles about people and services who exemplify this year’s EMS Week theme, “Dedicated. For Life.”

EMS begins with someone calling 9-1-1 for help. That important call is answered by the first of the “first responders”, the emergency medical dispatchers (EMD). The EMD is a person most people will never meet, and one who they also will never forget. One in four calls to 9-1-1 is for a medical emergency, which means that every 90 seconds, an EMD is asking key questions and beginning to provide comfort and care through their instructions.

Next come the EMS providers. From large services and small, paid and volunteer, these trained professionals are ready to respond and handle any emergency.

EMS providers work closely with the doctors and nurses at the emergency department, who in turn work closely with other hospitals to assure that the patient gets to the right place at the right time.

It is an amazing system that is ready 24/7/365; and we are happy to share some of their stories with you. For more information about training and local opportunities to be involved, please contact Maine EMS or one of the regional EMS offices.

We hope you will read and share this insert with others – and join us as we take this opportunity to celebrate EMS Week and to thank those who literally answer the calls, those who respond, and those work together as a team to provide high quality emergency medical services.

EMS: Dedicated. For Life.

John E. Morris,  
Commissioner

Jay Bradshaw,  
Director

# Maine Emergency Medical Services

### Maine Emergency Medical Services

**Director:** Jay Bradshaw  
**Medical Director:** Matt Sholl, MD  
**Address:** 152 State House Station, Augusta, ME 04333-0152  
**Phone:** 626-3860 Fax: 281-6251  
**Email:** maine.ems@maine.gov

**Region 1:** Southern Maine EMS  
**Medical Director:** Kate Zimmerman, DO  
**Coordinator:** Andrea Thompson  
**Address:** 176 Narragansett Street, Gorham, ME 04038  
**Phone:** 741-2790 Fax: 741-2158  
**Online:** www.smems.org Email: smems@smems.org

**Region 2:** Tri County EMS  
**Medical Director:** Rebecca Chagrasulis, MD  
**Coordinator:** Joanne LeBrun  
**Address:** 300 Main Street, Lewiston, ME 04240  
**Phone:** 795-2880 Fax: 795-2883  
**Online:** www.tricountyems.org Email: info@tricountyems.org

**Region 3:** Atlantic Partners EMS  
**Medical Director:** Timothy Pieh, MD  
**Coordinator:** Rick Petrie  
**Address:** 71 Halifax Street, Winslow, ME 04901  
**Phone:** 877-0936 Fax: 872-2753  
**Online:** www.apems.org Email: office@apems.org

**Region 4:** Atlantic Partners EMS  
**Medical Director:** Jonathan Busko, MD  
**Coordinator:** Rick Petrie  
**Address:** 354 Hogan Road, Bangor, ME 04401  
**Phone:** 974-4880 Fax: 974-4879  
**Online:** www.apems.org Email: office@apems.org

**Region 5:** Aroostook EMS  
**Medical Director:** Peter Goth, MD  
**Coordinator:** Steven D. Corbin, EMT-B  
**Address:** 111 High Street, Caribou, ME 04736  
**Phone and Fax:** 492-1624  
**Online:** www.reg5ems.org Email: arems@maine.rr.com

**Region 6:** Mid-Coast EMS  
**Medical Director:** Whitney Randolph, DO  
**Coordinator:** Rick Petrie  
**Address:** 123 John Street, Suite 1, Camden, ME 04843  
**Phone:** 785-5000 Fax: 785-5002  
**Online:** www.apems.org Email: office@apems.org



The content for this section was produced for Maine EMS by Nancy McGinis, a freelance writer and photographer who has also been a member of the Maine emergency medical services community for over 25 years. Learn more at [www.communicado.us](http://www.communicado.us)

Production for this publication was by the Bangor Daily News and its staff. **LAYOUT:** Shelley Sund | **AD SALES:** Sam Hoad, Linda Hayes, Jeff Orcutt and Laura George | **COVER:** Bridgit Cayer | **EDITOR:** Aimee Thibodeau



Unique to the Maine EMS Memorial & Education Site is the audio tour, accessible by phone while visiting the site-- or from anywhere in the state of Maine. Simply dial 207 480-3104, and select from dozens of Maine EMS voices telling their stories. These faces correspond to the stops on the audio tour: some of the founders of the Maine EMS system, representatives of the various roles of EMS providers in Maine, and also family members and colleagues remembering those who have died in the line of duty.

For what you do  
everyday.  
**Thanks, EMS!**  
We value  
your partnership.



**MID COAST HOSPITAL**  
Our community. Our health.  
midcoasthealth.com



**Thank you for supporting our  
Emergency Services Team.**

**MaineGeneral  
Medical Center**  
www.maine-general.org

## REGION ONE

# Maine EMS SERVICE PROFILE: Scarborough Fire Department EMS

From beachgoers to highway drivers, keeping folks safe is all in a day's work for Scarborough Fire Department EMS. Paramedic Tony Attardo, Deputy Chief in charge of EMS, explains that full-time staffed ambulances are kept at stations at each end of the community, on Rte. 1 at the northernmost and southernmost points of their coverage area. The other four Scarborough Fire stations have BLS (basic life support) kits, AEDS (lifesaving, easy to use Automatic External Defibrillators), and other basics on hand.

The service responds to about 2,500 calls annually, over their 54 square mile total coverage area. "Scarborough is a mix: we have industry, retail, shorefront, and we cover parts of both the Interstate and the Maine Turnpike," says Attardo. Because they also provide mutual aid to Old Orchard Beach, the service is busiest in the summer tourist months.

In addition, there are numerous health care facilities, including Maine Medical's cancer care treatment center and medical/surgical center, as well as primary care physicians and specialty practices. "That, combined with a half dozen eldercare facilities—

the majority of our population is over age 65-- drives our year-round call volume."

All Scarborough EMS personnel are cross-trained in firefighting and HazMat skills.

Scarborough firefighting apparatus and patrol cruisers are stocked with AEDs, nearly 40 in all.

Probably half of the Scarborough EMS crew have ten or more years on the job. Attardo says he started in 1986 "by accident"—while working as an Industrial Arts teacher, his stint with a volunteer call company drew him into a full time career.

"We respond to very different scenarios than we used to," he says, with the advent of seat belts, airbags, and other automobile engineering advances. The service maintains a full complement of extrication equipment, has two aerial trucks with Stokes stretchers, and two boats for marine rescue. "We don't have a helicopter—yet."

Attardo says the public is always welcome to stop by and visit. With advance notice, "we're happy to offer tours, show off our trucks, and participate in community events."



Scarborough EMS and Police respond to a motor vehicle accident.



# The Right Response: 9-1-1 Emergency Medical Dispatch

The 9-1-1 emergency call system in Maine is a proven resource that saves lives.

9-1-1 can be reached using any cell phone, VOiP, land line, or pay phone in Maine (though not by computer-based call programs such as Skype™). But being able to place a call for help in a medical or other emergency is only part of the solution. Especially in our largely rural state, it may take time for help to arrive.

“People often believe, mostly from watching television, that if they call 9-1-1 for a medical reason, EMS is just around the corner,” says Drexell White, emergency medical dispatch (EMD) program manager for Maine Emergency Medical Services. “But in reality, in many Maine communities, it just doesn’t happen that way.” Because EMS may come from a neighboring town, or even farther, emergency medical dispatching can play a critical role in achieving a successful outcome for the patient.

White describes EMD as an organized system that includes specific questions, instructions and actions taken by a dispatcher to assist a caller in need of medical assistance, prior to the arrival of the ambulance.

“Imagine yourself as a 9-1-1 dispatcher trying to communicate with a screaming mom whose child is turning blue,” says White, “and having to remember in that split second all of the things you learned about CPR, and then trying to calmly and carefully guide her through each step in the process. This is why we have an organized EMD system in the 9-1-1 center.”

Specific protocols, including the precise script for the call taker or dispatcher to follow, eliminate the chance of skipping a step or inadvertent misinformation. They are used to assist a caller in any scenario; car crashes, CPR,

child birth, hemorrhage control, and many others. The emergency medical dispatcher is the first person “on the scene” and ready to help.

In 2005, the Maine Legislature enacted a law requiring EMD training and licensing for all 9-1-1 dispatchers working in Public Safety Answering Points (PSAPs). Washington County Communications supervisor Richard Moore described that requirement as “a quantum leap forward for rural areas... literally a life-

saver.”

EMD in Maine now follows the training and protocols developed by Priority Dispatch Corporation of Salt Lake City, Utah-- the originators of emergency medical dispatch. The Priority Dispatch EMD protocol, known as the Medical Priority Dispatch System (MPDS) is used in over 3000 centers worldwide to handle over 63 million emergency calls a year.

Over the past several years, efforts have been underway to make a good thing even better. White, along with Lieutenant Peter Daigle of the Portland Fire Department and others, have been promoting the use of the MPDS’ “determinant codes” to enhance patient care, improve responder safety and maximize the appropriate use of resources.

Determinant codes allow EMDs to send the right resource immediately if the situation warrants-- or take the time to gather more information and evaluate further by asking more questions.

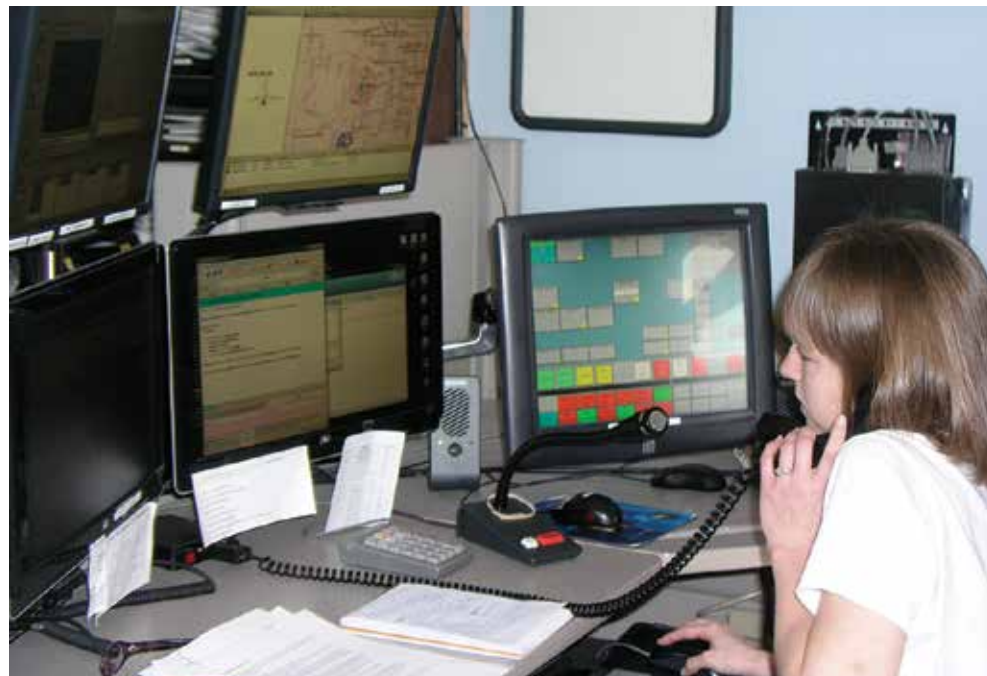
When a call is placed to 9-1-1, the person answering the phone (who may or may not also be the dispatcher) will ask for a callback number, as well as the nature and address of the emergency; they will also ask the age and gender of the victim.

Next, specific questions will be asked to de-

termine the nature of the call, beginning with “Is the victim awake and breathing?” If the answer is “no”, EMS is dispatched immediately. If the answer is “yes”, the call will be categorized, or “coded” by asking a series of key questions, prompted by a script. For example, if the victim has fallen, “How far did he or she fall?”

On the dispatcher’s computer screen, the interactive protocol efficiently records the answer and proceeds through an ordered flow of follow-up questions. The computer program has a companion printed card set of protocols as a back up (in case of a computer crash, for example).

Determinant codes consist of three components. The first is the nature of the illness or injury complaint. The second component designates the magnitude or seriousness of the call, from Omega (non-emergency; lowest priority: less than 10% of all 9-1-1 calls), to Echo (extreme urgency; highest priority; less than 1% of all 9-1-1 calls), says Daigle. The latter type of call, such as a cardiac arrest, drowning, or electrocution— evokes an immediate, “all hands on deck”, lights and sirens response. But the vast majority of calls to 9-1-1 fall into four categories: A or B (for basic life support level response); or C or D (for advanced life



At Sagadahoc Communications Center, Emergency Medical Dispatchers follow Priority Dispatch protocols and procedures to handle 9-1-1 calls. By developing a planned response using Emergency Medical Dispatch determinant codes, EMS services in Maine can ensure that the person in need of medical assistance is receiving the right response with the right crew, based upon the patient’s condition, and at the same time protect the safety of the public and the service’s providers by responding without lights and sirens except when such a response would benefit the patient.

support level response). Finally, the third component or “determinant descriptor” zeroes in on the specific details of the call type.

Sometimes, people call 9-1-1 because they don’t know what else to do, even when there is no immediate need for EMS, says Daigle. While it’s not happening in Maine yet, in some other states these calls may be transferred to a nurse “help line” for care referrals or direction to other resources, such as social services or “2-1-1” information centers.

## Why use determinant codes — and not just “wing it”?

According to Daigle, the Journal of Emergency Medical Dispatch statistics show that as often as two thirds of the time, the initial call information obtained without using a medical dispatch system proves incorrect when compared to assessments conducted at the scene.

Difficulty breathing, chest pain, altered consciousness, and bleeding are high-priority concerns; but not all calls to 9-1-1 require the same level of response.

Significantly, says White, by using deter-

minant codes the ALS crew not dispatched to treat a sprained ankle, for example, is available to respond to a life-threatening emergency. And where it is indicated, refraining from the use of lights and sirens can reduce the chance of a response vehicle being involved in a collision en route to the scene. For example, a determinant code indicating that a person is not breathing could signal a pre-planned response by a police cruiser, fire department or even public works if the personnel are trained in CPR. Many police department vehicles are equipped with jump kits and automatic external defibrillators (AED’s); their officers could respond effectively to life-threatening calls, with a positive impact on the patient’s outcome.

But no matter how meticulous and scientific the EMD protocol and determinant codes, says Daigle, to have the greatest benefit, the code system must be adopted statewide. Across Maine, EMS services have started to plan responses based upon the EMD determinant codes, White says. because each community varies by population and available resources, each EMS service must work with their medical director to establish how to

handle each determinant code. Furthermore, best practice requires that a QA/QI (quality assurance/quality improvement) process be put in place.

It remains critically important, Daigle agrees, to educate responders as to what the codes mean and why they matter. Responder awareness is crucial to overall success. Training comes with a learning curve; and QA and QI require an ongoing investment of resources.

But on an optimistic note, Daigle observes, early but encouraging preliminary data comparison for Portland Fire Department indicates that dispatching their fire trucks judiciously based on the use of determinant codes saved taxpayers as much as \$4,000 in fuel costs in just one month.

More information about emergency medical dispatch can be found by visiting the International Academies of Emergency Dispatch (IAED) website at [www.emergencydispatch.org](http://www.emergencydispatch.org). Maine’s EMS providers can receive EMD awareness training online through Maine EMS’ online learning management system MemsEd - <http://maine.gov/ems/providers/MEMSEd.html>



Federal Bureau  
of Labor Statistics reports  
that the demand for EMS  
workers will grow by  
**33%**  
by 2020, making the  
profession among the top  
10 fastest growing jobs  
over the next 10 years.

In an emergency,  
we couldn’t ask for a better partner.



An emergency can happen anywhere. Thankfully, Mainers can rely on skilled EMS professionals to be on the scene and provide care that can save lives. We’re proud to call these courageous responders our colleagues. Being Maine’s only ACS verified Level I Trauma Center\* means we deliver the nation’s highest standard of emergency care. It also means we’re the first place these brave men and women think of in an emergency. And for that, we’re truly honored.

  
Maine Medical Center  
MaineHealth

*centered around you*

[www.mmc.org](http://www.mmc.org)

\*Level I verification by the American College of Surgeons is the highest standard of trauma care.



## TRI COUNTY EMS

## Maine EMS SERVICE PROFILE: Buckfield Rescue

Buckfield Rescue began in 1971, originally partnering with nearby Hebron as a small, volunteer ambulance service, according to Advanced EMT Lisa Bennett, a veteran of almost 20 years. Nine years ago, facing increasing challenges as an all-volunteer operation, Buckfield Rescue became a municipal service and Bennett was named as the Chief. A designated HeartSafe community, the current service area encompasses parts of Hartford and Sumner, and serves a population of close to 4,000. "Fortunately, we have been very successful at obtaining grants for needed equipment, radios and turnout gear," says Bennett.

"We now operate with full-time staff days from 6am-6pm," she says, "and nights and weekends on an on-call basis." There is a paramedic on staff 36 hours/week, and a number of Advanced and basic EMTs. Altogether, the paid and volunteer staff number around 25; many are cross-trained for fire and rescue.

The service offers a lot of training at both

basic and advanced levels. As a show of support, Bennet said, "After six months of service, our volunteers are eligible for financial assistance to acquire their EMT license and further education; and we invest in them by covering their expenses to attend the annual EMS seminar at the Samoset. In addition to continuing education for rescue members, community trainings are held at the local elderly complex, and seasonally at the campground." Buckfield Rescue also hosts regular blood pressure screenings, and proudly offers certified car seat inspection. "We are happy to show new parents how to correctly install an infant car seat; and will inspect any child safety seat on request."

Buckfield Rescue and Fire Department members are looking forward to moving into "badly needed" new quarters, hopefully by late October of this year. A community open house is being planned to celebrate the event.



Assisted by Oxford County Sheriff Brian Landry, Buckfield EMS Chief Lisa Bennett and crew member Tony Albert load a "patient" into the ambulance during a Drunk Driving Awareness drill at the high school.



Members of the North East Mobile Health Services Mountain Rescue Team participate in a training session at Otter Cliffs in Acadia National Park. Team member Eric Winters says while he and his colleagues bring varied EMS experience to the group, their common denominator is "we're all pretty comfortable working a couple hundred feet off the ground." This scenario was a rock climber stranded on a vertical surface high above the ocean; the "patient" was secured onto the litter before being raised to the top of the cliff.

## Search and Rescue, and High Angle EMS

When asked to describe what happens when someone calls for EMS, most people picture an ambulance arriving with two trained responders. But what if the patient is on a mountain trail or an oceanside cliff?

In that case, it can take 20 people or more, using a litter to hand-carry an injured or exhausted person through difficult terrain to safety. Even low angle rescue, such as the case of a motor vehicle accident victim who has rolled 20 or 30 feet down an embankment, can require a specialized approach and equipment.

Paramedic Dave Buccello, now retired from a career with the National Park Service spanning three decades, has witnessed all kinds of EMS scenarios and participated in all kinds of rescues. He now volunteers with Mount Desert Island Search and Rescue (MDISAR), and teaches EMS and fire

department personnel.

"There is no cookbook approach," he says. Last season, from February to October 2013, MDISAR logged 29 "callouts" or responses to calls for assistance, involving injured, exhausted or missing individuals who had been hiking, climbing, boating or skiing.

Buccello makes a clear distinction between climbers (with technical experience) and hikers. Statistically, he says, the vast majority of rescues involve the latter. "Climbers typically self-rescue." It's the recreational hikers who are far more likely to overextend themselves, misjudge the weather or climbing conditions, or be ill-prepared. But even a seasoned hiker, he says, can fall and sprain an ankle— or need help because the dog gets hurt.

Of an average 35 rescues conducted at



Acadia National Park each year, Buccello says, “maybe a handful of those are technical; the rest are haul-outs.”

With extensive experience in settings such as Yosemite and Zion National Park, Buccello is an expert in technical rescue, which includes low, high, and steep angle versions based on the degree of slope. He has been involved in rescues in water-filled canyons up to 500’ deep and 30’ wide, rescues that required helicopters or inflatable boats, and others that required staying with stranded victims overnight. But even in Maine’s less dramatic landscape, search and rescue can still be challenging.

MASAR (Maine Association for Search and Rescue) serves as a liaison between volunteer SAR organizations and the Maine Department of Inland Fisheries and Wildlife, and other agencies both in and out of state. MASAR sets the standards, and state-wide protocols and trainings are helpful to keep everyone on the same page, says Buccello. Training exercises and teamwork are essential for working together effectively in emergency situations.

As for the role of EMS in technical rescue, Buccello says it comes down to the bare essentials: stabilize, stop the bleeding, and perhaps administer oxygen. “Realistically, how much EMS are you going to do in a burning building? The point is to keep

‘em alive and get ‘em out of there. When we go out into back country, I’ll take the basics along in a med pack about the size of a couple of loaves of bread.”

With low angle rescue, there is more opportunity to provide comfort and begin treatment: checking the patient’s pain level, giving analgesics, starting an IV, even simple reassurance and hand holding.

Words of advice? Buccello notes that measures such as signs and fencing are employed to inform the public and keep people safe, but ultimately it’s the responsibility of the hiker.

A little forethought and preparation go a long way: selecting the right clothing and footwear, bringing sufficient nourishment and ample water, along with a charged cell-phone, map, and compass. “And common sense: there are folks who consider the hiking conditions marginal but decide to go anyway; or needlessly put themselves in a dangerous situation just to show off,” he says.

Buccello, who is also a member of the Baxter State Park advisory board, says the signage that greets trekkers at the base of the various trails up Mt. Katahdin says it best: Remember, your goal is your car.



After a decade of planning and fundraising, the long awaited Maine EMS Memorial and Education Site groundbreaking ceremony took place one year ago, during EMS Week. The celebration included a LifeFlight helicopter fly-over, and the launch of the 2013 National EMS Memorial Bike east coast ride.

## REGION 3

# Maine EMS SERVICE PROFILE: Belgrade Rescue

Emergency response is all in the family for Lisa Day, an Advanced EMT who joined the Belgrade Fire/Rescue Association 22 years ago and is now in her 13th year as its Rescue Chief. “My husband is on the Fire Department, and our kids grew up with it.”

Boating and water skiing accidents are not uncommon in this community whose population of 2,500 doubles in the summer, thanks to vacationers and seasonal residents enjoying Great Pond and Long Pond among other recreational venues. In other months, there are occasional hunting accidents and snowmobiles going through the ice.

Belgrade Rescue covers the town of Belgrade and provides mutual aid to neighboring communities, including Sidney, Rome, and Oakland. It operates as a “paid volunteer” service, with its approximately 20 crew members paid for responding to calls and for training time. Daytime coverage is challenging, but thankfully, many understanding local businesses allow their employees to respond when needed. At the March Town Meeting, voters approved funding to hire a full time firefighter/EMT for weekday coverage.

A new truck has finally replaced the previous one— which was a used vehicle when it was purchased almost 20 years ago. The town is very supportive and community fundraisers help to fill the budget gaps. Every spring, locals look forward to Belgrade Rescue’s themed basket bingo event, held in partnership with the Friends of the Belgrade Library. A popular automobile show in July features everything from antique roadsters to muscle cars, and is followed in August by a traditional bean hole bean supper. Both events benefit the Belgrade Fire Association and allow for the purchase of needed equipment.

Day notes that Belgrade Rescue offers a Junior Fire & Rescue Program. Open to 16 to 18-year-old local residents in good academic standing, it provides an opportunity for youth to become acquainted with the field of fire and EMS.



Belgrade Rescue truck on parade.





PHOTO BY JOHN KOOISTRA

Ted Mahar, a Tactical Medic from the Scarborough Police Department working as part of the Southern Maine Regional SWAT, is assisted by a Maine Mall security officer in treating a shooting “victim” during an Active Shooter Drill exercise held last month.

# Tactical EMS: emergency care in the zone

Today’s medical emergencies may arise not only from events such as motor vehicle accidents or heart attacks. Unfortunately, they may involve guns, knives, explosives, hostages, and/or dangerous suspects at large. Nationally, tragedies such as the active shooter incidents at Columbine, Sandy Hook, and Ft. Hood have led responders from all branches of public safety to rethink their approach.

Instead of EMS personnel standing by and waiting for others to secure the scene, which used to be standard operating procedure, tactical medics are now trained and equipped to perform their jobs in the tactical environment—potentially saving lives in the process.

Tactical medic John Kooistra, one of four paramedics with the Portland Fire Department Special Response Team, describes it as “emergency medicine embedded into the tactical component, replacing the old days when there was no medical support other than an ambulance on standby, somewhere down the block.” The Portland Fire Department started its Tactical EMS team support back in 1993.

Derived directly from cutting edge U.S. military Tactical Combat Casualty Care (TCCC), the emphasis is on survival and escape from the “hot zone”. In the aftermath of September 11th, Homeland Security grant money was made available in Maine and elsewhere for tactical EMS training and equipment such as body armor and night vision goggles (such equipment has a shelf life and periodic replacement is recommended). At home, tactical EMS requires a unique skill set in preparation for imminent danger in any imaginable scenario, in environments ranging from a school, movie theater or shopping mall to the remote Maine wilderness.

“Tactical EMS (TEMS) is a way to provide emergency medical care in situations where a street paramedic can’t—or shouldn’t—practice,” says Maine State Police Patrol Sgt. Don

Shead, stationed with Troop B in Gray. He is also a Paramedic and a tactical medic with the Maine State Police Tactical Team.

The Maine State Police Tactical EMS Team was launched in 1995, thanks to (now retired) Maine State Police Tactical Commander Richard Golden’s recognition of the value of additional medical support for his team.

“Most would agree that Maine is a relatively safe place to live compared to many other states, says Shead. “But people still do violent things. When people are doing bad things, the danger is increased when they are armed. There are times when we need to treat a patient in the field, and provide immediate life-saving care. “ It could be a domestic violence incident, a hostage crisis situation, or a high risk tracking operation, with an armed suspect fleeing in the woods under cover of darkness.

The Maine State Police Tactical Team operators, like their military counterparts, are specially trained and equipped with armored vehicles, ballistic shields, and lethal as well as nonlethal weapons. The team includes dog handlers and their highly trained canines, as well as Shead and fellow tactical medic Trooper Miles Carpenter, a former Marine now assigned to Troop J in Ellsworth. The Maine State Police Tactical Team is licensed by Maine EMS as a non-transport service, Shead explains. After triage and treatment in the field, the goal is to move the patient from danger and turn over the individual to local EMS agencies for further care and transport as necessary. And though they are law enforcement officers, their focus is on any immediate medical issues.

Everyone on the Maine State Police Tactical Team also has another primary function; tactical EMS is considered collateral duty, explains Shead. The unpredictable nature of TEMS means personnel need to be prepared for two or three calls in a 24 hour period; but statistically, the Maine State Police Tactical Team has responded to 70 calls in a busy year, and half as many in the slowest year that Shead can recall.

Their primary goal is to get the suspect to give up peacefully, so that the individual can be taken into custody without incident. “Our first responsibility is to the public—innocent citizens and third parties,” says Shead.

Tactical medicine is “not only knowing what to do, but just as importantly, knowing when to do it,” says Kooistra.

Borrowing from the military, there are three designated zones: Care Under Fire (Hot Zone or Direct Threat Zone); Tactical Field Care (Warm Zone or Indirect Threat Zone); and Tactical Evacuation Care (Cold Zone or No Threat Zone).

Kooistra explains that the ‘Hot Zone’ is where there is an immediate threat to life, such as bullets flying. Very little (if any) care will be provided here, as the focus is on eliminating or controlling the threat. Suitably trained law enforcement personnel like Troopers Shead and Carpenter may be expected to help eliminate that threat first, and then transition to moving to cover and a ‘Warm Zone’ to provide care if it is needed. “In our case, as we are not sworn personnel,” says Kooistra, “the expectation placed on us is to be able to perform in the ‘Warm Zone’-- but to be trained in how to respond if we suddenly find ourselves in the ‘Hot Zone’.”

“It’s like HazMat training— what if the wind shifts? The yellow tape zone boundaries can change, in an instant.”

“Tactical medicine in the tactical environment really excels in the ‘Warm Zone’,” Kooistra continues. That’s where regular street providers shouldn’t be, he elaborates, except in very extreme events such as an active shooter situation-- and then “for as minimal an amount of time as possible and only if tactically amenable”. Tactical medicine focuses heavily on this Zone, and Tactical EMS providers working in concert with a Tactical team



are equipped for and comfortable in it.

The best response of all is to focus on eliminating the threat or controlling the situation. Sometimes it's "medicine across the barricade"—crisis negotiators skilled at coaching remotely over the phone, or speaking directly with the person creating the incident.

This job is not for the faint of heart—or mind, or muscle. "Imagine pursuing a dog tracking someone, moving through the woods, typically at night, and weighed down by your equipment," says Carpenter. Venturing just a hundred yards from the road in thick brambles can be challenging enough, but some tracks continue for a mile, three or four, or more.

"One of my worst case medical scenarios would be shots fired, with facial, thoracic chest or femoral bleeding," he adds. Many bleeding injuries also result in compromised respiration. Aggressive tourniquet application and using hemostatic blood-stopping chemical gauze to pack wounds can drastically enhance a victim's chances for survival.

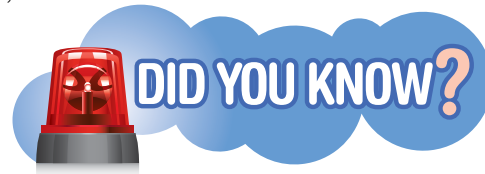
Tactical medics are also charged with looking out for the well being of their responder colleagues. "We have medical records on every team member, so we can provide information should it be required in case of an injury," says Shead. "We serve as the commander's medical conscience," adds Kooistra. Tactical EMS medics are trained in risk assessment and monitor potential concerns such as fatigue, nutrition and hydration, and environmental issues, as well as practicing preventive medicine, medical recordkeeping and even medical advocacy for fellow tactical team members.

Tactical EMS requires extensive and ongoing special training and specialized equipment; physical fitness and mental acuity; as well as teamwork and communication. Inter-agency cooperation is common: mixed trainings include EMS, fire, and law enforcement personnel. "Augusta and Waterville Fire Departments have a Memorandum of Understanding with their Police Departments," says Kooistra. In his own case, while Kooistra is an employee of the Portland Fire Department, which pays for his training, "on actual call-outs we are paid by, working for, and under the command of, the Portland PD."

Recent Tactical Casualty Care classes were comprised of students from various Public Safety agencies including Border Patrol, Augusta Fire Department, and County Ambulance. Exercise scenarios encourage individuals from different agencies to work in concert, just as they would do in an actual tactical emergency.

Kooistra works with over a dozen law enforcement agencies, as well as firefighters, Emergency Medical Responders, basic and advanced Emergency Medical Technicians, and Paramedics from many fire and EMS units in Maine.

Among tactical medics, two common traits emerge: longevity on the job and remarkably low turnover. This career, which has to be one of the most dangerous, is clearly also one of the most rewarding. "I love tactics. And I love the field of emergency medicine," says Carpenter.



## It is against Maine state law to share live, real time video of tactical operations in progress via social media or any other means.

Think before you post and share!

Capturing an ongoing tactical suspect tracking or a stakeout on your cellphone and sharing it on FaceTime or YouTube could compromise the mission-- and cost innocent lives.

WCCC is proud to partner with Maine EMS and Region 4 to offer emergency medical services training in Washington County



ONE COLLEGE DRIVE  
(207) 454-1000 • 1-800-210-6932



a Department of  
Stephens Memorial Hospital  
181 Main Street, Norway Maine  
207-743-5933  
www.wmhcc.org



**provc.net**  
**800-894-7788**

**Vehicle Upfitting**

*Thank you EMS personnel for your service*

**Ambulances & Rescue Vehicle Remounts & On-Site Service & Parts**

**12 Industrial Park Road, Rumford, ME 04276**



**Emergencies:**  
**777-6000 or 911**  
**Business / Medical Transfers:**  
**777.6000**  
**Wheelchair Transportation:**  
**782.8400**



|  |   |   |
|--|---|---|
| <b>Auburn</b><br>215 Rodman Rd.<br>Auburn, Me. 04210 | <b>Bridgton</b><br>32 Hospital Dr.<br>Bridgton, Me. 04009 | <b>Lewiston</b><br>192 Russell St.<br>Lewiston, Me. 04240 |
|--|---|---|

**www.unitedambulance.com**



# Community Paramedicine: Promising Pilot project seen as a win-win for everyone

“There have been many exciting developments through the years, but Community Paramedicine (CP) could be one of the most significant changes I’ve seen,” says Jay Bradshaw, who started his career in 1982 and has spent the past 18 years as Director of Maine EMS.

It was back in 2001 that Bradshaw’s predecessor, former Maine EMS Director and Paramedic Kevin McGinnis, introduced the ‘Paramedic Paradox’: the greater the distance from a hospital, the more acute the need for a highly trained medic— and the less likely that such a medic will be available. The concept of Community Paramedicine to address the Paramedic Paradox debuted in print in an article by McGinnis that appeared in Rural Health News.

He pointed out the advantages, especially in less populated outlying areas, of having EMS personnel address other identified community health needs when they are not responding to emergencies. CP allows EMS providers, from Emergency Medical Responders to Paramedics, to maintain their skills by using them every day, while employing existing resources to meet specific needs in the community.

The idea caught on.

Bradshaw recalls, “A few years back, at national EMS conferences, CP used to be allotted a 45 minute breakout session. Maybe seven or eight people would show up.

Now, there are entire national conferences focused solely on Community Paramedicine (or Mobile Integrated Health, as it has sometimes been called).”

In 2012, after numerous information sessions and extensive discussions across the state, Maine EMS sought approval from the legislature to implement a three-year, statewide Community Paramedicine pilot project. Because it was such a new concept, not subject to reimbursement until its worth was proven, there was understandable skepticism and hesitation. “We figured there might be a half dozen of Maine’s 275 EMS services who would opt to be part of the pilot program. Thanks to legislation sponsored by Rep. Michael Willette of Presque Isle, the pilot was approved, with up to 12 slots. “We now have 15 services participating in the pilot,” says Bradshaw— noting that some work in partnership with others to cover an extended area.

“Since 1996,” Bradshaw notes, “when EMS was first described as ‘at the intersection of health care, public safety, and public health’, EMS personnel have been identified with the professional, compassionate, and community-based service they provide. They already have relationships with emergency and primary care physicians, and home health agencies, as well as with community residents.”

Maine has the distinction of being the only state in the nation that has embarked on a statewide Community Para-

medicine initiative as part of the statewide EMS system. “In other communities that have had CP in place longer than we have, it’s already demonstrating its worth,” says McGinnis. “In Nova Scotia, 2/3 of visits to nursing homes no longer result in a trip to the emergency department. Hospital re-admissions of patients with congestive heart failure and asthma are significantly down in Fort Worth, TX and Pittsburgh, PA.”

Here in Maine, statewide CP data collection, analysis and evaluation is now beginning; discussions are underway regarding a partnership for this purpose with the Muskie School of Public Service at the University of Southern Maine. Over 200 CP calls have been logged since Delta Ambulance started seeing CP patients nine months ago; “only a couple of those were, or evolved into, emergency response calls,” says Bradshaw.

Anecdotal feedback is already abundant, and overwhelmingly positive. Bradshaw cites the example of one Maine citizen, living in less than ideal housing conditions and suffering chronic health problems, who had become a frequent hospital Emergency Department visitor. The patient balked at home health care services—but readily accepted help from members of the local emergency crew, with whom he already had a comfortable and longstanding relationship. In the familiar setting of his home they were able to assess his state of health, check his blood pressure, help him stay on track with medications, draw blood and collect specimens as necessary – and leave. Their patient assessment and collected information was then shared with the primary care provider, whose time was freed up for seeing other patients. And the frequency of the patient’s visits to the Emergency Department dropped drastically.

Like many Maine communities, ‘we have a lot of elderly people,’ says Carolyn Brouillard, an advanced EMT who volunteers with Castine EMS and also happens to work part time at the local health clinic. “We’re set up to work with up to a half dozen CP patients, all referred by our small town’s only primary care physician, Dr. Olivari.” Brouillard points out that getting out can be a challenge for those who are elderly, chronically ill or simply recovering from surgery. “Going to the doctor for something as simple as a blood pressure check, lab test or medication management entails considerable exertion, anxiety and expense—even the risk of injury from a fall in icy conditions— and that’s assuming they have a way to get there in the first place.”

Tom Gutow, EMS Chief of Castine F.D., can’t say enough about the beneficial impact of Brouil-



UNITED AMBULANCE PHOTO

United: Through its pilot Community Paramedicine project, United Ambulance EMS providers are playing an important role in keeping community members well.



lard and her CP colleagues since their program began last July. “The people we’ve served have really relied on these regular visits, which bring them tremendous peace of mind. It’s been wonderful for family members, some far away, as well.”

“We do a lot of listening,” says Brouillard. She estimates she spends 35-40 minutes on each CP visit, “and we learn a lot, even simply through conversation.” A personalized looseleaf notebook is offered to each CP patient, with photographs of the CP crew members on the back cover, while health information can be recorded inside. “We try to pair up with the same individual and develop a one on one relationship,” Brouillard explains, “but since that’s not always possible it’s reassuring for the patient, especially those with dementia, to know the other names and faces on the team.” A specific checklist is often included in the book, which is kept at the patient’s home but can be taken to the hospital to provide medical and other information. In case of emergency, family member’s names and numbers for notification; instructions regarding family pets if an ambulance needs to be called, etc.

From a physician perspective, Amy Madden, MD, of the Belgrade Health Center, echoes Brouillard’s and Gutow’s enthusiasm. The Greater Kennebec County CP pilot program is a partnership of her practice and Winthrop Family Medicine, working in conjunction with Delta Ambulance and Winthrop Ambulance Service. Her involvement has also given Madden a chance to see and connect with EMS personnel, performing in emergency and non-emergency scenarios, in a new light. “I have a whole new appreciation for their awesomeness!” she says.

“When I learned of this concept- employing a cadre of well trained personnel to do what they do every day in the community, responding to emergencies but also playing a huge community health role—it was a no-brainer,” she smiles.

“It’s brilliant to use the capacity we already have to fill in the gaps, especially where access is a challenge: in rural areas, or even simply because people can’t drive.” Besides, she notes, it’s a user-friendly alternative to arbitrary, limited 15-20 minute time blocks in an office setting. ‘Community Paramedicine and our practice, based on the patient-centered medical home model: it’s a match made in heaven!’

Madden is also on the Maine EMS Community Paramedicine Steering Committee, and attends user group meetings with representatives of other Maine CP pilot programs to compare notes, share successes and challenges, and support each other.

The success of Maine’s statewide CP pilot program to date is all the more remarkable in light of the fact that, for the entire three year trial period there is no reimbursement for providers (and incidentally, no charge to recipients). Waterville/Augusta-based Delta Ambulance, and United Ambulance in Lewiston, have each committed paid work time weekly to their Community Paramedicine pilot projects. “Supporting paid positions with zero reimbursement is a huge investment, and a commendable sign of their faith in the concept,” says Bradshaw.

He says the message is already coming in loud and clear: EMS providers in communities all over Maine are actively involved in all aspects of public health and wellness, not just responding to emergencies. Statistics gathered over the next year or so, and efforts to implement Medicare expansion, will help to determine whether Community Paramedicine is financially sustainable for Maine in the long run.

But as for those currently participating providers and their patients, as Madden puts it, “Community Paramedicine is a win-win, all around!”

## Celebrating EMS Week!



Maine Ambulance Association  
Working Together For Maine!  
www.the-maa.org • 207-873-0427

Thank you to the men and women of *Capital Ambulance* for the outstanding service they provide to the residents of eastern and northern Maine.



Emergency Medical Services Week  
2014

**SMHC Salutes EMS Responders**

WHERE EXCELLENCE HAPPENS

Partnering to keep our communities healthy and safe.  
Biddeford • Sanford **smhc.org**

**Southern Maine Health Care**  
MaineHealth

## Mayo Emergency Medical Services

Proud supporters of Maine’s Community Paramedicine Pilot Project

## Promoting health and wellness in the Maine Highlands

—Where you need it, when you need it.

**Mayo**   
Regional Hospital

897 West Main Street, Dover-Foxcroft, ME 04426  
207-564-8401 MayoHospital.com



**Publication of this EMS week supplement made possible through the generous support of the following organizations:**

Maine CDC’s Rural Health & Primary Care Program  
Maine Office of Emergency Medical Services  
Maine Emergency Services and Communications Bureau - E911  
Maine Ambulance Association  
Eastern Maine Medical Center  
MaineGeneral Medical Center  
Maine EMS Regional Councils

## Over 1,800 AEDs have been placed in the State of Maine making Maine a Heart Safe state!



Order yours now for your police dept., fire dept., EMS organization, gym, school, place of worship, just about anywhere!

Maine state contract price -  
**\$675 each**

**LIFESAVERS, INC.**

973-244-9111 • www.lifesaversinc.com



## REGION 4

## Maine EMS SERVICE PROFILE: Calais Fire-EMS

The City of Calais has had its own Fire and Rescue service since withdrawing from a quasi-municipal partnership about five years ago. "We've grown steadily in membership and call volume since then," says EMS Director Janet Purton, an Advanced EMT and firefighter.

"We're very proud of our cross-training," says Purton, who started in EMS 15 years ago. All Calais firefighters are trained in CPR and complete an Ambulance Vehicle Operator Course.

As a border community, Calais Fire-EMS participates in automatic mutual first aid for structure fires and reported smoke in St. Stephen, Canada. Calais Fire-Rescue also owns a Stryker Power-Pro, a bariatric stretcher fitted with comfortable girth straps and designed to accommodate individuals weighing up to 700 lbs. "There is nothing like this anywhere else in eastern Maine or New Brunswick- the next closest one is in Nova Scotia," Purton explains. It's a real community asset because without it, some patients would never leave their home to seek medical assistance."

Purton feels pleased and fortunate that

Calais is one of the Community Paramedicine (CP) pilot projects approved by Maine EMS "We are two hours from Eastern Maine Medical Center and there is a shortage of local Primary Care Physicians (PCPs)." Calais Regional Hospital is designated as a Critical Access Hospital; the community no longer has a nursing home. Purton expects to see hospital ED visits and readmission rates drop as a result of their pilot program. CP may also address the concerns of underserved patients who have health care needs but do not qualify for other services such as home health.

"CP is definitely not a cookie cutter program. As a service, we had to focus on identifying our needs and creating a project from the ground up. We have had tremendous support from Atlantic Partners EMS, which is also helping us to cultivate educational opportunities here in our super rural community. Washington County Community College offers EMT classes in Calais and Machias- which is an hour away. At present, there are only 12 paramedics in all of Washington county."



At the MaineGeneral Medical Center Critical Care Unit, following a suspected stroke a patient is examined by Dr. Aamir Mushtaq, MD, while nurses Jamie Mitchell (right) and Kelly Crosen (left) assist.

## Stroke Management: Teamwork and Timing

Timing is everything.

That holds true in various scenarios—but never more so than when someone is suffering a stroke.

Unfortunately, "while stroke is the No. 4 cause of death and leading cause of disability in the U.S., many Americans do not think of stroke as a major health concern. But stroke is largely preventable, treatable and beatable," according to the American Heart Association/American Stroke Association campaign to increase stroke awareness and education.

When it comes to preventing brain damage from stroke caused by a blood clot, the amount of time between onset and treatment is crucial to the outcome.

At MaineGeneral Medical Center, a technology initiative known as telestroke has been in place for several years, and has been very successful in helping patients get expert evaluation and treatment quickly and efficiently, says registered nurse Dottie Carroll, manager, Healthcare Quality.

"Our program gives us 24/7 access to highly trained neurologists at Massachusetts General Hospital (MGH) through two-way video links for live consults," she explains. "It allows us to fill the gap when we don't have a neurologist on-site and is our proactive solution to a national shortage of

neurologists," Carroll says.

Within ten minutes of arrival, patients at MaineGeneral's Emergency Departments in Augusta and Waterville can be evaluated by MGH neurologists. "Timing is critical. If we can quickly identify patients who meet the criteria for anti-clotting drugs like TPA, there's a good possibility we can mitigate some of the most debilitating effects of stroke."

Via telestroke, the MGH neurologist can see and speak to the patient presenting stroke symptoms, conduct an exam, and discuss with MaineGeneral staff whether TPA can be administered.

MaineGeneral maintains telestroke units in its emergency departments, as well as in its Critical Care Unit. In addition, MaineGeneral follows evidence-based, best practice guidelines for stroke care.

"We also work closely with EMS personnel who serve on our stroke committee. When possible, they take blood work in the field to hand off to us when patients are brought in," Carroll says.

MaineGeneral typically sees between 200 to 230 patients a year who have suffered a stroke.

Says Carroll, "For patients and their families, our program is priceless."



TOM MCLAUGHLIN PHOTO

Calais Fire-EMS: Calais PD responded to this multi-vehicle accident involving two cars and an 18-wheeler) on Route 1 in the Red Beach section of Calais.

## MID COAST

# Maine EMS SERVICE PROFILE: Islesboro EMS

Islesboro EMS serves a Maine island community with a population of 650— that swells to an astonishing 4,000 residents in the summer season.

Islesboro Public Safety Director and EMS Officer, EMT Fred Porter describes how he got drawn into in EMS 17 years ago: “I started out as a driver, but I kept finding myself looking in the rear view mirror.” As a 25 year public safety veteran, Porter notes that Islesboro police, fire and rescue personnel often work together to get the job done. “They are a dedicated bunch who won’t quit. Many have been doing this as long as I have, or longer.”

Porter is the first to acknowledge that the lack of call volume can be problematic for his EMS service. In 2013, they responded to a modest 127 calls over the entire year—“and that was our busiest year ever.”

His solution? Porter sees rigorous and ongoing training as a way to keep his personnel on their game. “We train a lot— with hands-on drills and an intensive training cycle from October to March, holding five to seven class sessions a month.” One of the most successful initiatives is “Big City Lights,” a program he launched three years ago.

The exercise simulates an urban environment, requiring Islesboro’s two trucks to respond to as many as 16 calls a day—for three days straight. “This experience gives Islesboro EMTs the confidence and experience of

Bangor EMTs,” says Porter.

Porter is now busy planning another training exercise for this fall: a multi-jurisdictional drill focused on terrorism and WMD (Weapons of Mass Destruction). He is enlisting Civil Air Patrol support, along with assistance from federal agencies. Participants will sharpen their communications skills while learning about logistics and resources, and practicing rescue operations.

In any season, island EMS brings its own challenges. This past winter’s relentless weather was especially rough, and Porter is especially grateful for partnerships with everyone from boat captains and crews to church and shelter volunteers: “Our emergency services have been tested from every angle you can imagine. Some residents question the mere existence of living on a island through times like this, but we all deal with it and show the true pride of being islanders, and people that choose to live in Maine.”



Rescuing a patient from a confined space, as Islesboro crews are practicing here, can require different skills and strategies as well as equipment.



## Look for these warning signs of stroke:

**FACE DROOPING** Is one side of the person's face drooping or numb? Observe what happens when you ask the person to smile.

**ARM WEAKNESS** Is one arm weak or numb compared to the other? Ask the person to raise both arms. Does one drift downward?

**DIFFICULTY SPEAKING** Is the person unable to speak, or is the speech slurred or difficult to understand? See if the person can repeat a simple sentence, such as “The sky is blue.”

**CALL 9-1-1** if the person shows any of these symptoms. Even if the symptoms go away. Seek emergency help and get the person to a hospital immediately.



On the capitol grounds in Augusta, flanked by the state’s law enforcement and fire memorials, stands the strikingly illuminated EMS ‘Star of Life’, connected by a paved walkway to three symbolic pillars. They honor those who have given their lives saving others; those who have helped build the Maine EMS system; and those who make the system a success, every day. Take the audio tour by dialing 207 480-3104 from anywhere in Maine.



## AROOSTOOK

## Maine EMS SERVICE PROFILE: Ashland Volunteer Ambulance

Ashland Ambulance crews know that when they go out on a call, it's going to take a while. With a service area that covers 2,850 square miles, transport to the nearest hospital is often 2 to 2.5 hours, and sometimes much longer.

In addition to Ashland, the service is responsible for five neighboring towns-- Masardis, Garfield Plantation, Nashville Plantation, Portage Lake, and Oxbow Plantation-- plus 52 unorganized territories.

Patrick Long, Paramedic, joined Ashland Ambulance in 1974. He is now Chief of the service and its only full time employee. His hardworking and dedicated crew is comprised of seven paramedics, four Advanced EMTs, five basic EMTs and "a handful of CPR-certified drivers".

The service is licensed as BLS (Basic Life Support) service, with a permit to operate at an Advanced Life Support (ALS) level when appropriately licensed crew is available, and has two ALS-equipped ambulances. "It's challenging, as a small town service, to keep up with requirements. For instance, adding IV pumps to our trucks. But we always have the best interest of our patients in mind, and our equipment is top of the line," says Long.

In addition to the ambulances, the service utilizes 4-wheeler ATVs, a rescue sled, and a

toboggan, as well as a boat and trailer acquired from the Maine Forestry Service.

When asked about the types of calls encountered, Long responds, "You name it."

Ashland crews have responded to motor vehicle and motorcycle accidents, boating accidents and near-drownings, ice and cold water rescue, and logging-related injuries, often in the wilderness. "We've got six or seven pink and blue stork decals [representing EMS childbirth deliveries] on the trucks; and an angel decal for each CPR save."

Every other Thursday, Ashland Ambulance hosts a senior citizen gathering at the Ashland VFW. Open to all, 30-35 area seniors typically attend these sessions for complimentary blood pressure checks, presentations on health and wellness topics, and the chance to socialize and get acquainted with EMS personnel.

Long is grateful for ongoing town support: "They are behind us 110% percent!" He is also proud to have persevered and eventually succeeded in obtaining a Stephen and Tabitha King Foundation grant for \$25,000 for a LifePak 15 cardiac monitor. Ashland is a HeartSafe community, and the Ambulance Service is a five-time award recipient at the Atlantic Partners Annual EMS Seminar.



**Ashland Ambulance responded to a collision between a brand new pickup truck, carrying full propane tanks, and an 18-wheeler.**

## MARK YOUR CALENDAR

THURSDAY, MAY 22nd

10:30 am in the Hall of Flags at the State House

10:30 am Annual Maine EMS awards

### 2014 winners:

- Excellence in EMS: Brian Chamberlin, Paramedic, Atlantic Partners EMS/Augusta Fire Dept.
- Lifetime Achievement: Donna Bulger, RN, Paramedic, LifeFlight/Eastern Maine Medical Center
- Lifetime Achievement: Carl French, Paramedic, Sanford Fire/Alfred Fire/Maine EMS Honor Guard.

### 11:30 am Maine EMS Memorial and Education Center gathering:

Please join us at the nearby Maine EMS Memorial and Education Center site, for the placing of a commemorative wreath; a reading of the names of those Maine EMS providers who have died in the line of duty, and a brief expression of gratitude and appreciation to their families

The site is a short walk from the Capitol building, proceeding south along State Street. In case of inclement weather, the observance will take place indoors at the Hall of Flags instead.



### 6th annual EMS Memorial Benefit Auction, Samoset Resort in Rockland FRIDAY EVENING, NOVEMBER 14th

Over the first five years, the annual Samoset auction has generated over \$50,000 for the EMS Memorial and Education Center. It could not have happened without the unique and passionate efforts of auctioneer extraordinaire Lt. Frank Coombs III, just retired from 36 years of service with the Hampden Fire Department. As his public safety buddies described him, "He's been known to be tenacious, stubborn, and sometimes annoying - but above all else, Lt. Coombs has one of the kindest hearts you could ever know. He is always the first to offer a helping hand, a kind word, or a shoulder to cry on"...

"Speaking for the Memorial and Education project organizers, the annual Auction serves as just the booster shot we need to keep our momentum going," says Kevin McGinnis. "And Frank has been just the doctor to administer the shot!"

Last year, in his fifth and allegedly last gig as EMS benefit auctioneer, Frank Coombs and his assistants, the lovely and legendary "Flames" delightfully persuaded the audience to part with an astounding \$15,687 --every penny of it going to the Maine EMS Memorial & Education Project. THANK YOU to Heather McLaughlin and to Kelly Roderick for such a superbly organized event, and THANK YOU to the generous businesses, talented artists and creative entrepreneurs who donated such awesome items for the auction.

Successful bidders took home everything from original art to home brewing equipment; from EMS gear and memorabilia, to homemade jams and jellies, to an all expenses paid week of horse camp. Donations of goods and services are already being requested for the 6th annual auction, to which the public is, as always, warmly invited.

The sixth annual Maine EMS Memorial and Education Center benefit auction, Friday evening Nov. 14th at the Samoset Resort in Rockport. This is the biggest and most fun fundraiser of the year--the extended EMS community, along with anyone who would like to support the effort, is cordially invited to take part.

**KVCC**  
**KENNEBEC VALLEY**  
**COMMUNITY COLLEGE**

[www.kvcc.me.edu](http://www.kvcc.me.edu)

OFFERING EMS EDUCATION  
 SINCE 1985

**MV-1 AUTOTRONICS**

- MV-1 ADA Vehicle Dealer
- Braun Ambulance Dealer
- Wheeled Coach Ambulance Dealer
- Full-Line Fleet Service Center
- 24/7 Emergency Service
- On-Site Preventive Maintenance
- Ambulance Remounts
- ADA Equipment, Sales & Service
- Commercial Vehicle Lighting

129 US Rt. 1 Frenchville, ME 04745 207-543-6262  
 69 Perry Road Bangor, ME 04401 207-947-9897  
[www.autotronics.net](http://www.autotronics.net)

**DEDICATED** **RELIABLE**

**COURAGEOUS** **VERSATILE**

**COMPASSIONATE** **WILLING**

**HELPFUL** **COMMITTED**

**PASSIONATE** **DYNAMIC**

**RESOURCEFUL** **ADAPTABLE**

**SKILLED** **HARD WORKING**

Thank you to all of Maine's talented Emergency Medical Services professionals for your dedication and commitment. EMMC is proud to join you in celebrating National EMS Week.

**EASTERN MAINE MEDICAL CENTER**  
 EMMS MEMBER

**Saluting the everyday heroes who serve our region so ably.**

**May 18-24**



**Central Maine Medical Family**  
[www.cmmf.org](http://www.cmmf.org)

Central Maine Medical Center • Bridgton Hospital • Rumford Hospital

# RFGH Celebrates EMS Week!

*Thank you to the RFGH EMS Team for providing life-saving care, 24-hours a day, seven days a week.*

- RFGH EMS provides a Paramedic on every emergency call
- 19 Paramedics; 14 EMTs on staff
- 3 Ambulances
- Coverage provided for Athens, Brighton, Canaan, Cornville, Mercer, Norridgewock, Skowhegan, and Solon



*Caring for the Community!*

**Redington Fairview General Hospital**  
 (207)474-5121 / [www.rfgh.net](http://www.rfgh.net)

**Call 9-1-1 in an emergency.**

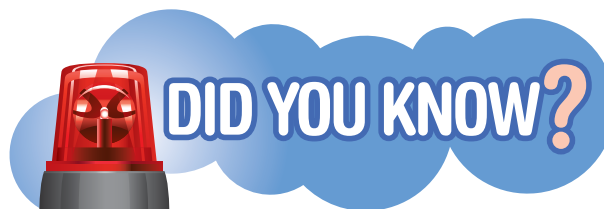


# \$600,000 Federal Grant to Provide 300 Lifesaving AED Devices for Maine's Rural Areas

Medical Care Development (MCD) Public Health, in collaboration with the Maine Cardiovascular Health Council (MCHC) has been awarded three years of funding to place automatic electronic defibrillators (AEDs) throughout Maine's rural 'HeartSafe' communities, according to Tina Love, RN, Project Manager for MCD. The purpose of the \$600,000 grant from the Health Resources and Services Administration, Office of Rural Health Policy is to purchase user-friendly AED units, and partner with local EMS to provide rural citizens with defibrillation and basic life support training.

"In the U.S. alone, statistics show that about 1,000 people suffer cardiac arrest each day-- and nine out of 10 victims die," says Love. This is especially true in rural areas where response by emergency medical services is frequently well outside the short time window (4-5 minutes) critical to survival.

"With these additional resources and training, Maine will be able to strengthen each link in the cardiovascular chain of survival by community intervention and support."



## You don't have to be an 'expert' to save a life!

If you see a teen or adult collapse, call 9-1-1. Then push hard and fast in the center of the victim's chest to the beat of the Bee Gees' disco classic "Stayin' Alive." It is not necessary to do mouth-to-mouth resuscitation. Performing hands-only CPR until EMS arrives can more than double a person's chances of survival!

## 9-1-1 and cell phones

You can reach 9-1-1 using any cell phone as long as it has a signal and a charged battery. This holds true even if the phone is an "old" one, not currently associated with an active wireless account, according to Cliff Wells, director of the Maine Department of Public Safety Communications Bureau.

When it is time for an upgrade, some folks choose to keep their old cell phone permanently plugged in at camp, for example, in case of emergency. "It's great for a potential victim to know that no matter what, a cell phone can reach 9-1-1," says paramedic Jon Powers, Data & Preparedness Coordinator at Maine EMS. However, he cautions, depending on the age of the phone and its technological capability, the 9-1-1 dispatch center may not automatically receive the phone's GPS coordinates. In other words, simply punching in 9-1-1 may not be sufficient to provide responders the location of the emergency.

And parents, be aware that since any cell phone with a charged battery is capable of calling 9-1-1, any cell phone given to a child to play with, or simply left within reach, can also result in an unintended call to 9-1-1.



## We Save Lives, thanks to EMS.

*Designated HeartSafe Community since 2007*

**Sebasticook Valley Health** • 447 North Main St., Pittsfield  
SebasticookValleyHealth.org • 487.4000



We offer our customers a wide range of products and services including  
2-way radio sale and service,  
solar site products and service,  
telemetry systems sales and service,  
radio system design and installation,  
emergency equipment and more.



# WHITTEN'S 2-WAY



**MOTOROLA  
SOLUTIONS**

Radio Solutions Channel Partner

155 Robertson Blvd. Brewer, ME 04412

Tel. 207-989-2435

[whittens2wayservice.com](http://whittens2wayservice.com)